. Pepariment of Labor of Labor-Management Standards Langton, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
1. File Rumber U - 2885	2. Fiecal Year Covered From:			
N/A - INITIAL FILING	01/01/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name William J MOORE	Name LOCAL UNION # 102, IBEW			
	Labor Organization File Number 004-017			
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2 Timothy Court	Street 3695 HILL ROAD			
CHY MORRISTOWN Ship	CHY PARSIPPANY			
State NEW JENSEY ZIP Code +4 07960	State NJ ZIP Code +4 07054			
5. Position in labor organization. VICE - Presiden	+			
Enter appropriate data below if, during the past flecal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
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B. Held all -niterate in or derived income or accordance benefit with monetary value from a business (1) a substance (2) a substance (3) a sub	Name of Person Filing	File Number U- N/A JAHTANE FILENCE
Name	substantial part of which consists of buying from, selling or lessing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or lessing directly or independent.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Trade Nerre, if any: D. Box, Bidg, Room No., if any	8. Name and address of Business (including trade name, if any).	9. Business deals with:
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Trade Name, If any: SEE P.O. Box, Bldg., Room No., If any SCHEBULE Street ATTACHES City State ZIP Code + 4		14.a. Nature of payment.
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Street ATTHCHED City ZIP Code + 4	Calledall	ATTACHEN
State ZIP Code + 4		
	City	
14.b. Amount of payment.	State ZIP Code + 4	
13.b. is the Business an Employer or Consultant? SEE NTRINGS CONSULTANTES SEE SCHOOLE ATTACHES	- Immedia	14.b. Amount of payment. SEE SCHEBULE ATTACKED

FORM LM-30 ATTACHMENT

Part C

13a	13b	<u>14a</u>	14b
Name + Address	E = Employer C=Consultant	Nature of Payment	Amount of Payment
A			